



STATE OF IOWA
MASTER AGREEMENT

MA# 005 CT2411MV-14

EFFECTIVE BEGIN DATE: 09-01-2003
EXPIRATION DATE: 10-31-2004
PAGE: 1 of 3

BUYER : JEANETTE CHUPP
Jeanette.Chupp@iowa.gov
515-281-6288

PAYMENT TERMS (%): DAYS:

VENDOR:

Kci Usa Inc
PO Box 203084
8023 VanTage Dr
San Antonio, TX 78230
USA

VENDOR CONTACT:

No Contact Specified

PHONE: 515 999-9999

EXT:

EMAIL:

VENDOR #: 74215239601

DESCRIPTION OF ITEMS CONTRACTED

MEDICAL, THERAPEUTIC BEDS

Contract To Provide Therapeutic Beds & Surfaces Pursuant To The Specifications, Terms And Conditions Of Sealed Bid No. 77098s Dated December 3, 1996, On File With The Department Of Administrative Services, General Services Enterprise, Hoover Building, Level A, Des Moines, Iowa, 50319-0105. A.) When Placing Orders Identify Yourself As A "Servishare Member", And Refer To Hppi Contract Ms10730. B.) Pricing Per Ada Agreement And Hppi Launch Package. C.) Minimum Order: Per Ada Agreement To Receive Specialized Information, Contact Jeff Wadeson, Kci Therapeutic, 5338 F Street, Omaha, Nebraska, 68117 Products Include The Following Groups: 1. Therapeutic Beds And Surfaces For Wound Care/Pulmonary/Bariatrics 2. Negative Pressure Wound Closure Devices And Accessories 3. Bariatric Accessories Including Wheelchairs, Commodes And Walkers

RENEWAL PERIODS REMAINING

1 Years

1 Years

THRESHOLDS

MINIMUM ORDER AMOUNT:

MAXIMUM ORDER AMOUNT:

NOT TO EXCEED AMOUNT:

AUTHORIZED DEPARTMENT

ALL

TOTAL \$0.00

VENDOR:

APPROVED BY:

THIS MA IS SUBJECT TO THE TERMS AND
CONDITIONS ATTACHED HERETO.
PLEASE SEE ATTACHMENTS FOR
FURTHER DESCRIPTIONS.



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| LINE NO. | QUANTITY / SERVICE DATES | UNIT | COMMODITY / DESCRIPTION | UNIT COST |
|----------|--------------------------|------|---|------------|
| 1 | 0.00000 | | 41003 | \$0.000000 |
| | | | Side Rails, Bed | |
| 2 | 0.00000 | | 42068 | \$0.000000 |
| | | | Mattresses, Innerspring | |
| 3 | 0.00000 | | 85056 | \$0.000000 |
| | | | Mattress Pads | |
| 4 | 0.00000 | | 97700 | \$0.000000 |
| | | | Rental Of Furniture, Hospital Equipment | |
| 5 | 0.00000 | | 46500 | \$0.000000 |
| | | | Medical, Autopsy Supplies | |
| 999 | 0.00000 | | 96286FOB | \$0.000000 |
| | | | Shipping, Handling With Stated Conditions | |
| | | | Freight Charges Applied Per The Facility Authorized Distribution Agreement (Ada). Agreement (Ada) Form. | |



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TERMS AND CONDITIONS

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2%-15 NET 30